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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Nur	nber	13/086		
			First Named Invento	r	Christiane YOAKIM		
			COMPLETE IF KNOWN				
			Application Number		10 / 662,856		
			Filing Date	09/1	5/2003		
☐ Declaration Submitted	OR	✓ Declaration Submitted after Initial	Group Art Unit				
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Non-Nucleoside Reverse Transcriptase Inhibitors								
the specification of which (Title of the Invention) is attached hereto								
OR was filed on (MM/DD/YYYY) 09/15/2003 as United States Application Number or PCT International								
Application Number 10/6	Application Number 10/662,856 and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have re amended by any amendment	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	-			
Humber(s)		(MINIDDITTY)	1404 Glaintes	YES	NO			
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number	(s) Filing Da	ate (MM/DD/YYYY)						
60/411,785	09/19/2002	2 .	numbe supple	onal provisional ers are listed on emental priority SB/02B attached	a data sheet			
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[Page 1 of 2]
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application design United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior as and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent Number U.S. Parent Application or PCT Parent Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached here (MM/DD/YYYY) Parent Patent Nu (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached here (MM/DD/YYYY) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached here (MM/DD/YYYY) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached here on the priority data sheet PTO/SB/02B attached he	reto. the Patent ner code a policia in the prior to discuss the patent ner code a policia in the p						
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Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached here. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the same and Trademark Office connected therewith: Customer Number OR Registration number listed below Registration number listed below Registration Number Name Registration Number Number Number Registration Number Number Number Number Number Registration Number Number Number Number Number Registration Number Numb	reto. the Patent ner code ration aber						
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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the and Trademark Office connected therewith: Customer Number	the Patent ner Code ration aber						
Additional registered practitioner(s) named registration number listed below Customer Number	ration aber						
Number Bar Co Label here Registered practitioner(s) name/registration number listed below Registration Number Name Registration Number Registration Number Registration Number Registration Number Number Registration Number Registration Number Registration Number Number Registration Number Number Registration Number Number Number Registration Number Number Number Number Bar Co Label here Number Number Number Number Bar Co Label here Number Number Number Number Bar Co Label here Number Number Bar Co Label here Number Number Number Bar Co Label here Number Number Number Number Number Number Bar Co Label here Number Number Bar Co Label here Number Number Bar Co Label here Number Bar Co Label here Number Substance Number Substa	ration aber						
Name Registration Number Robert P. Raymond Alan R. Stempel Alan R. Stempel Ary-Ellen M. Devlin Anthony P. Bottino Susan K Pocchiari Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number Registration Name Registration Name Registration Name Att, 482 Timothy X. Witkowski 40,232 David A. Dow 46,124 Louise G. Bernier 38,791 Michael P. Morris 34,513 Direct all correspondence to: Customer Number 28513 OR Correspondence address	ration ober						
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Robert P. Raymond Alan R. Stempel Alan R. Stempel Ary-Ellen M. Devlin Anthony P. Bottino Anthony P. Bottino Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number Philip I. Datlow 41,482 Timothy X. Witkowski 40,232 David A. Dow 46,124 Louise G. Bernier 38,791 Michael P. Morris 34,513 Direct all correspondence to: Customer Number 28513 OR Correspondence address	o.						
Alan R. Stempel 28,991 Timothy X. Witkowski 40,232 Mary-Ellen M. Devlin 27,928 David A. Dow 46,124 Anthony P. Bottino 41,629 Louise G. Bernier 38,791 Susan K Pocchiari 45,016 Michael P. Morris 34,513 Direct all correspondence to: Customer Number 28513 OR Correspondence address							
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Susan K Pocchiari 45 016 Michael P. Morris 34.513 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number 28513 OR Correspondence address							
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Direct all correspondence to: Customer Number 28513 OR Correspondence address							
ZOSIS I UR I Correspondence address	ss below						
Name							
Address							
Address							
City State ZIP							
Country Telephone Fax							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so no punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity application or any patent issued thereon.	made are						
ne of Sole or First Inventor:							
Given Name (first and middle [if any]) Family Name or Surname							
Christiane YOAKIM							
Inventor's Signature Date	OCKI						
Residence: City Laval State QUE Country Canada Citizenship	CA						
Post Office Address 2100 Cunard Street							
Post Office Address							
City Laval State QUE ZIP H7S 2G5 Country Canada	,						

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

			_				
Name of Additional Joint Inventor, if a	ny:	☐ A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Eric	MAI	MALENFANT					
Inventor's Signature And July				Date (4 port 2003)			
Residence: City Rosemère	QUE State		Canada Country		CA Citizenship		
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Mailing Address			_				
CityLaval	State QUE		ZIP H7S 2G5	Countr	_y Canada		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
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Bounkham	•	THAVONEKHAM			•		
Inventor's Signature S- Hawane M	n_			•	Date Oct / 14 /03		
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Mailing Address 2100 Cunard Street							
Mailing Address							
Laval City	QUI State	State QUE ZIP H7S 2G5		Cou	Country		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname				
William			OGILVIE .				
Inventor's Signature	_				Date OCT 23/2003		
Ottawa Residence: City	ONT State		Canada Country		CA Citizenship		
Mailing Address 1999 Woodglen Crescent			·				
Mailing Address			.,				
City Ottawa	ONT State		XIP K1J 6G7		Canada Country		

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _2_ of _2_

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Na	ame or Su	ırname		
Robert			IEL				
Inventor's Robert Algus					Date /6//4/03		
Residence: City Ville Mont-Royal State QUE			Canada Country	CA Citizenship			
546 Chester Mailing Address							
Mailing Address							
City Ville Mont-Royal	State	QUE	ZIP H3R 1W9 Country Canada		,Canada		
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature				Date			
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
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City	State		ZIP	Cour	ntry		
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
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Case No.

13/086